

BROOKHAVEN NATIONAL LABORATORY
CRC PHARMACY

INVESTIGATOR INITIATED LOCKBOX INSPECTION REPORT (C-016)

DATE: _____

LOCATION: _____

PRINCIPAL INVESTIGATOR: _____

AUTHORIZED USERS/PROCURERS: _____

PROTOCOL #'S: _____

EXP. DATE: _____

PROTOCOL #'S: _____

EXP. DATE: _____

PROTOCOL #'S: _____

EXP. DATE: _____

PROTOCOL #'S: _____

EXP. DATE: _____

PROTOCOL #'S: _____

EXP. DATE: _____

PROTOCOL #'S: _____

EXP. DATE: _____

PROTOCOL #'S: _____

EXP. DATE: _____

CONTENTS OF LOCKBOX

PHARMACY CONTROL NUMBER	SUBSTANCE	BALANCE ON SHEET	VERIFIED BY	DEVIATION (YES/NO AND AMT.)	EXPIRATION DATE OF SUBSTANCE	COMMENTS

CONTENTS OF LOCKBOX

PHARMACY CONTROL NUMBER	SUBSTANCE	BALANCE ON SHEET	VERIFIED BY	DEVIATION (YES/NO AND AMT.)	EXPIRATION DATE OF SUBSTANCE	COMMENTS

COMMENTS FOR PHARMACIST: _____

PRINCIPAL INVESTIGATOR

DATE

PHARMACIST